Abstract

OBJECTIVES: To analyze the surgical aspects and complications from retransplantation into the iliac fossa for third and fourth kidney transplants. METHODS: Retrospective study of the 34 third and 5 fourth transplants performed in our department. We analyze patients characteristics, surgical aspects and complications, and graft outcomes. RESULTS: Mean patient age was 41.6 years. 67% of the first and second transplants had been lost to vascular problems (19%) or chronic rejection (48%). Average time from last transplant in the retransplanted iliac fossa was 9 years (3 days-17 years). There were not significant differences between the groups of first and second transplant and third and fourth in cold ischemia time, number of mismatches, and number of days on hemodialysis after transplantation; there were significant differences in receptor age, number of transfusions, maximum and current antibodies and donor age, all of which were higher in third and fourth transplants. The graft was basically implanted in the right iliac fossa (71%) through a lumbar-iliac iterative incision; vascular anastomosis were equally made to the common and external iliac vessels; ureteral reimplant was performed following an extravesical technique; simultaneous transplant nephrectomy of the previous graft was performed in 33% of the cases. 59% of the cases had immediate diuresis and 49% did not require dialysis within the first 7 postransplant days. Surgical complications were mainly vascular: 4 cases of hemorrhage, 3 venous thrombosis and 2 arterial thrombosis. There were also 4 cases of lymphocele, 1 perirenal hematoma, and 1 enterocutaneous fistula with an abscess of the surgical bed. There were no urologic complications in the series. Globally, there was 1 death (2.5%) secondary to hemorrhage and another 6 grafts (15%) were lost to complications, 5 vascular thrombosis and 1 after surgical bed abscess. 1, 3, 5, and ten-year actuarial graft survival were 65%,52%, 40% and 28% respectively. CONCLUSIONS: Retransplantation into the iliac fossa for third and fourth transplants is associated with a small increase in the number of surgical complications, mainly vascular complications.

Keywords
Renal transplantation, Retransplantation, Surgical complications.